

**SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY
5400 BROAD RIVER ROAD
COLUMBIA, SOUTH CAROLINA 29212**

Acadis Portal Access

Department: _____

Agency Head: _____

Email: _____

Agency Designee: _____

Job Function: _____

(Training Officer, Training Staff or etc.)

Email: _____

Phone Number/Area Code: _____

Fax Number: _____

Email Address: _____

AGREEMENT

I assume responsibility for the confidentiality of my department's certification/training records and will notify CJA (Acadis@sccja.sc.gov) should there be any changes in administrative "Users" effecting rights to the Acadis Portal SITE.

Agency Head's Signature

Date

Print Name and Title

THIS FORM IS TO BE FAXED TO 803-896-7776

Or Emailed to Acadis@sccja.sc.gov